ITD 3311 (Rev. 7-08) Supply # 01-956035-5 itd.idaho.gov

City

## **Salvage Vehicle Statement**

Idaho Transportation Department - Vehicle Services



Use this form when applying for a Rebuilt Salvage Vehicle title for any salvaged vehicle regardless of age, value, or type. Attach this completed form to the Salvage Certificate or other salvage documents. Include all supporting documents required to issue the title.

required to issue the til	ile.							
Vehicle Identification Number (VIN)		Year		Make		Model	Model	
Owner Name(s)								
Address			City		State	Zip		
Salvage Declaration Date		Salvage (if known)		Air Bags De	Air Bags Deployed Yes No			
Work done to restore the v	L ehicle to the operating	condition that	existed	prior to the e	vent causing vehicle		_	
Under penalty of law, (Sec			, .		ū	) Chantar O Ida	sha Cada	
<ul><li>The vehicle is in ope</li><li>To the best of my known</li></ul>	•	•	-	-		-		
falsified, altered, or d		allon numbers	OI IIIE	rebuilt verilor	e and its parts hav	e not been teni	ovea, aestroyea,	
<ul> <li>To the best of my know been forged, falsified</li> </ul>		certificate doc	cument	or out-of-sta	te salvage docume	ent attached to t	the application has not	
<ul> <li>All information contains</li> </ul>	ined on the applicatio	n and its attac	hments	is true and	correct;			
<ul> <li>The vehicle describe</li> </ul>	d above is free from a	all liens and er	ncumbr	ances excep	t as set forth on my	y application for	title; and	
<ul> <li>I personally rebuilt or checked.</li> </ul>	repaired the vehicle,	, or supervised	l its reb	uilding or rep	pair, unless one of	the following bo	oxes has been	
It was unnecessary Code (no repairs we	to repair the vehicle ere made); or	in order for it to	o comp	ly with the ed	quipment requirem	ents of Title 49,	Chapter 9, Idaho	
☐ Another party rebuil	It or repaired this veh	icle. Specify n	name ai	nd address:				
This statement is attached described vehicle. I do heldaho Transportation Depincluding costs, expenses vehicle in question.	ereby agree to warrar partment from the exp	nt and defend s penses of and	said Tit against	le and to sav all suits, act	e harmless and de tions, claims, losse	efend regardlesses, or assertion of	s of outcome, the of claims	
Signature								
X								
Printed Name					Da	aytime Phone Num )	iber	
Address								

State

Zip Code